

**COURT OF APPEAL, FIRST APPELLATE DISTRICT
MEDIATION EVALUATION**

THIS FORM MUST BE COMPLETED BY ALL PARTIES AND THEIR COUNSEL

SEE LOCAL RULE 3.5(d)(10)

MAIL WITHIN 10 DAYS OF THE COMPLETION OF THE MEDIATION TO:

JOHN TOKER, MEDIATION PROGRAM ADMINISTRATOR

COURT OF APPEAL, FIRST APPELLATE DISTRICT

350 McALLISTER STREET

SAN FRANCISCO, CA 94102

OR FAX TO 415-865-7374

TODAY'S DATE: _____

Case Name: _____

Case No: _____

Your Name: _____

Phone Number: _____

Type of case:

☐ Business/Contract

☐ Insurance

☐ Probate

☐ Construction

☐ Intellectual Property

☐ Prof. Negligence

☐ Employment

☐ Medical Malpractice

☐ Real Estate

☐ Family Law

☐ Personal Injury ☐ Other (specify): _____

You are: ___ appellant ___ appellant's attorney ___ respondent ___ respondent's attorney
___ insurance representative ___ other (specify) _____

How did the case resolve? (Do not reveal confidential information):

___ Direct result of the mediation process ___ Resolution was unrelated to the mediation process

___ Indirect result of the mediation process ___ Appeal was not resolved

___ Some issues resolved (*how many?*: _____) ___ Other (specify): _____

This section should be completed by counsel only:

Name of the party you represent: _____

How many months elapsed between filing of the notice of appeal and resolution? _____

The case resolved: ___ Before ___ During record preparation ___ Before ___ During brief preparation

What was the effect of the mediation process on the following (Insert "ND" if no difference):

Attorney's fees: ___ Reduced fees ___ Increased fees By how much? (estimate) \$ _____

Other costs: ___ Reduced costs ___ Increased costs By how much? (estimate) \$ _____

Court time: ___ Reduced time ___ Increased time By how much? (estimate) _____ months

On a scale of 1 (very dissatisfied) to 5 (very satisfied) please rate:

The mediation process:

The mediator (name): _____

___ Appropriateness of the process for your dispute

___ Impartiality

___ Fairness

___ Temperament

___ Opportunity to participate

___ Knowledge of the mediation process

___ Confidentiality

___ Knowledge of the subject matter

___ Satisfaction with outcome

Would you use this process again? ___ Yes ___ No

Would you use this mediator again? ___ Yes ___ No

Program administration:

___ Efficiency (scheduling, etc.)

___ Courtesy and cooperation

___ Paperwork

___ Mandatory participation

Comments on the mediator or the process or suggestions for program improvements: